



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/512,394
		Filing Date	February 24, 2000
		First Named Inventor	Kyou-Yoon Sheem
		Art Unit	1745
		Examiner Name	Julian A. Mercado
Total Number of Pages in This Submission	9	Attorney Docket Number	3364P039

ENCLOSURES *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <ul style="list-style-type: none"> <input type="checkbox"/> Landscape Table on CD 	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 10px; width: 100%;"> <div style="border: 1px solid black; padding: 5px; width: 100%;">Return receipt postcard</div> </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Steven Laut, Reg. No. 47,736 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 16, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Jean Svoboda		
Signature		Date	February 16, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



**APPENDIX E
FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete if Known</i>	
Application Number	09/512,394
Filing Date	February 24, 2000
First Named Inventor	Kyou-Yoon Sheem
Examiner Name	Julian A. Mercado
Art Unit	1745
Attorney Docket No.	3364P039

METHOD OF PAYMENT *(check all that apply)*

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	6	20*	0	50.00
Independent Claims	2	3*	0	200.00
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$)
0.00				

***or number previously paid, if greater. For Reissues, see below*

2. ADDITIONAL FEES

2. ADDITIONAL FEES

Fee Description
ate filing fee or oath
ate provisional filing fee or cover sheet.
specification
eply within first month
eply within second month
eply within third month
eply within fourth month
eply within fifth month
al
a support of an appeal
al hearing
stitute a public use proceeding
e Commissioner
under 37 CFR 1.17(q)
Information Disclosure Stmt
ission after final rejection (37 CFR § 1.1

Other fee (specify)

SUBTOTAL (2)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Steven Laut	Registration No. (Attorney/Agent)	47,736	Telephone	(310) 207-3800
Signature				Date	02/16/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
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**REPLY UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER 1700**

Atty. Docket No. 003364.P039

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Sheem et al.

Application No.: 09/512,394

Filed: February 24, 2000

For: **NEGATIVE ACTIVE MATERIAL
FOR RECHARGEABLE LITHIUM
BATTERY AND METHOD OF
PREPARING SAME**

Art Group: 1745

Examiner: Julian A. Mercado

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Post Office Box 1450
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AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Dear Commissioner:

In connection with the Final Office Action mailed November 18, 2005 regarding the above-referenced application, Applicant respectfully requests consideration of the following amendments and remarks below.